



# Assuring the Sufficiency of a Frontline Workforce:

A National Study of  
Licensed Social Workers

SPECIAL REPORT:  
SOCIAL WORK SERVICES  
FOR OLDER ADULTS



**Assuring the Sufficiency of a Frontline Workforce Project**

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National Association of Social Workers  
Center for Workforce Studies  
March 2006

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# Acknowledgements

NASW acknowledges the work of the Center for Health Workforce Studies of the School of Public Health, University at Albany, and the contributions and expertise of Bonnie Primus Cohen, Paul Wing, and Sandra McGinnis in implementing the study and conducting the analyses. This special report is based on the larger report, *Licensed Social Workers Serving Older Adults, 2004*, prepared by the Center for Health Workforce Studies.

The members of the NASW Workforce Study Expert Panel are also gratefully acknowledged for their thoughtful assistance in designing the survey instrument and reviewing the analyses.

The funding support of the Atlantic Philanthropies and the John A. Hartford Foundation is also gratefully acknowledged. Findings and conclusions presented in this report are those of the author(s) alone and do not necessarily reflect the opinions of the foundations.

# Preface

This report is one of six prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS) of the School of Public Health at the University at Albany. It summarizes and interprets the responses of social workers serving older adults obtained through a national sample survey of licensed social workers in the United States conducted in 2004. The report is available from the NASW Center for Workforce Studies at <http://workforce.socialworkers.org>

The profile of the licensed social work workforce serving older adults will be an invaluable resource for educators, policymakers, and planners making decisions about the future of the social work profession and its related education programs. The information will support the development of effective workforce policies and strategies to assure the availability of adequate numbers of social workers prepared to respond to the social work needs of the growing aging population in the United States.

Suggested citation:

Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Special report: Social work services for older adults*. Washington, DC: National Association of Social Workers.

# Overview of the Study

## Social work is a diverse profession,

unique among the human service professions in that the term *social worker* is defined so broadly in different organizations and settings. Predicted changes in the country's demographics landscape over the next several decades are expected to increase the need for social work services. However, the lack of a standard definition has left the social work profession without reliable data upon which to base future projections about the supply of, and demand for, social work professionals. In addition, available data sets were inadequate to describe the scope of professionally trained social workers who provide frontline services to older adults. To better predict the adequacy and sufficiency of the social work labor force to meet the changing needs of society, the National Association of Social Workers (NASW), in partnership with the Center for Health Workforce Studies, University at Albany, conducted a benchmark national survey of licensed social workers in the fall of 2004. Licensed social workers were selected for the sample because they represent frontline practitioners and because state licensing lists provided a vehicle for reaching practitioners who may not have had any other identifiable professional affiliation. This national study provides baseline data that can guide policy and planning to assure that an appropriately trained social work workforce will be in place to meet the current and future needs of a changing population.

A random sample of 10,000 social workers was drawn from social work licensure lists of 48 states and the District of Columbia. Licensure lists were not available from Delaware and Hawaii. The sample was stratified by region. Three mailings were conducted: The first was sent to all social workers in the sample, and two subsequent mailings were sent to nonrespondents. The survey response rate was 49.4 percent. Among the respondents, 81.1 percent reported that they were currently active as social workers.

The majority of licensed social workers in the United States have a master's degree in social work (MSW). In many states, the MSW is the minimum qualification for social work licensure. Other states, however, license social workers with a bachelor's of social work (BSW) degree, utilizing a separate level of licensure for BSW social

## Overview of the Study continued

workers. A few states license social workers who do not have a degree in social work; generally, they must have at least a bachelor's degree in a related field.

More MSW degrees than BSW degrees are conferred each year, although BSW programs are rising in popularity. In 2000, social work education programs graduated about 15,000 new BSWs and 16,000 new MSWs. The number of social workers graduating with bachelor's degrees increased by about 50 percent between 1995 and 2000, while the number of social workers graduating with master's degrees rose by about 25 percent during the same period (National Center for Education Studies [NCES], 2000).

Of the survey respondents:

Seventy-nine percent of the social workers have a MSW as their highest social work degree,

- Twelve percent have a BSW only,
- Two percent hold a doctorate, and
- Eight percent of the respondents did not have degrees in social work.<sup>1</sup>

This report summarizes the key findings related to two important groups of social workers providing frontline services to older adults: (a) social workers who do not specialize in gerontological practice, but who provide services to older adults in a wide range of community settings; and (b) gerontological social workers, whose practice is specifically centered on services to older adults. Survey responses highlight areas that affect the sufficiency of supply and continuity of service delivery from social workers to older adults.



# Key Findings

The following 10 key findings have important implications for older adults and the social workers who provide services to them.

- ① *The social work profession is a significant, experienced provider of frontline services to older adults and their families.*
- ② *The social work profession is facing significant obstacles in terms of recruiting “the next generation” to provide services to older adults.*
- ③ *The retention of the current workforce providing services to older adults is impeded by several factors.*
- ④ *Older adults in rural areas have significant service needs, yet they have limited access to professional frontline social work services.*
- ⑤ *Social work caseloads depict an increasingly complex mix of needs of older adults.*
- ⑥ *Social workers face increased barriers in providing services to older adults.*
- ⑦ *The social work profession needs to recruit and train more gerontological social workers.*
- ⑧ *Gerontological social workers bring increased knowledge, experience, and sense of efficacy to their work with older adults.*
- ⑨ *Gerontological social workers provide an important safety net of services to the most vulnerable older adults.*
- ⑩ *Gerontological social workers face greater challenges than other social workers providing services to older adults, hindering their satisfaction and retention in the field.*

# Background

Although the term *social worker* has been used generically to refer to someone offering social assistance, there is a need to clarify the educational preparation, knowledge, skills, and values that are embodied in professional social work.<sup>2</sup> The discipline of professional social work is over 100 years old and has a well-developed system of professional education governed by national educational policy and accreditation standards (Council on Social Work Education [CSWE], 2006a). Professional social work practice is legally defined and regulated in all state jurisdictions in this country. However, there is not a universal definition of professional social work that is used by federal agencies that collect and analyze labor force information.

Consequently, available data resources are inadequate to reliably gauge the sufficiency of the current workforce or to project future needs for the profession. There are many indicators that the demand for social work services will increase in the near future, primarily because of the changing demographics within our society.

The aging population is a major catalyst in the changing landscape of our society. With the aging of the Baby Boomer cohort and the continued lengthening of the average life span, the number and proportion of older Americans are quickly rising. The Federal Interagency Forum on Aging-Related Statistics (2004) has predicted that by 2030, our country will have roughly 71.5 million people over the age of 65—more than double the amount in 2000. Older Americans comprised 12.4 percent of the entire U.S. population in 2000 but are expected to increase substantially to 20 percent in 2030. Within that timeframe, the number of those age 85 and over is expected to double, and the number of those 100 and older is expected to triple. Given that the changing demographics of our older population will continue through the coming years, our nation will face many challenges in meeting the needs of older adults in America.

**The complexity of negotiating with multiple systems (medical, mental health, home care services, income support) to access services that are essential to living suggests that the demand for services often associated with social workers will increase significantly in the future.**

## Background continued

Social workers are a necessary resource to provide a variety of supports that aging individuals and their families require. Services for older adults in good health and those who are frail span a range of social work practice settings. Despite the critical contributions of social workers to the health and well-being of people, there are significant gaps in knowledge about the social work labor force and its function, roles, and scope of practice (Barth, 2003). There are several initiatives to expand the social work academic leadership in gerontological teaching and research (Gerontological Society of America, 2006), and to strengthen social work practice competence through professional education and continuing education (CSWE, 2006b). Earlier initiatives within social work education have pointed out the urgency of increasing the competence of *all* social workers for practice with older adults (CSWE, 2001).

Estimates from the National Institute on Aging (1987) projected that 60,000–70,000 social workers will be needed by 2010 to provide services for the Baby Boomer cohort that will begin turning 65. As a major provider of professional frontline services to older adults, it is imperative that a qualified social work labor force is available to provide services to older adults and their families that protect the health of older adults and that maximize their opportunities for independence and dignity.

# Discussion of the Findings

- 1 The social work profession is a significant, experienced provider of frontline services to older adults and their families.

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Licensed social workers are highly involved in providing direct services to older adults in a wide range of community settings. In fact, the majority (73%) of licensed social workers provide services to adults 55 years and older, regardless of the practice setting or focus.

**Family members of older adults need support in negotiating a variety of daily living issues for their aging loved ones. Their needs can range from identifying long-term care living arrangements, coping with Alzheimer's Disease and dementia, and determining end-of-life care arrangements, to hoarding, substance abuse, and depression.**

Licensed social workers are a well-trained and experienced workforce. Educational preparation of this professional sector is predominately at the master's degree (MSW) level (80%), although 11 percent of older adult service providers are trained at the baccalaureate (BSW) level. The majority of these social workers believed they were well prepared for their practice roles by their formal degree programs (59%) and their post degree training (72%). The gap in satisfaction with their degree programs and continuing education programs indicates the importance of high-quality professional education options for the field. Significantly, these social workers have a median of 14 years practice experience. MSWs have a median of 15 years experience, compared with 10 years for BSWs.

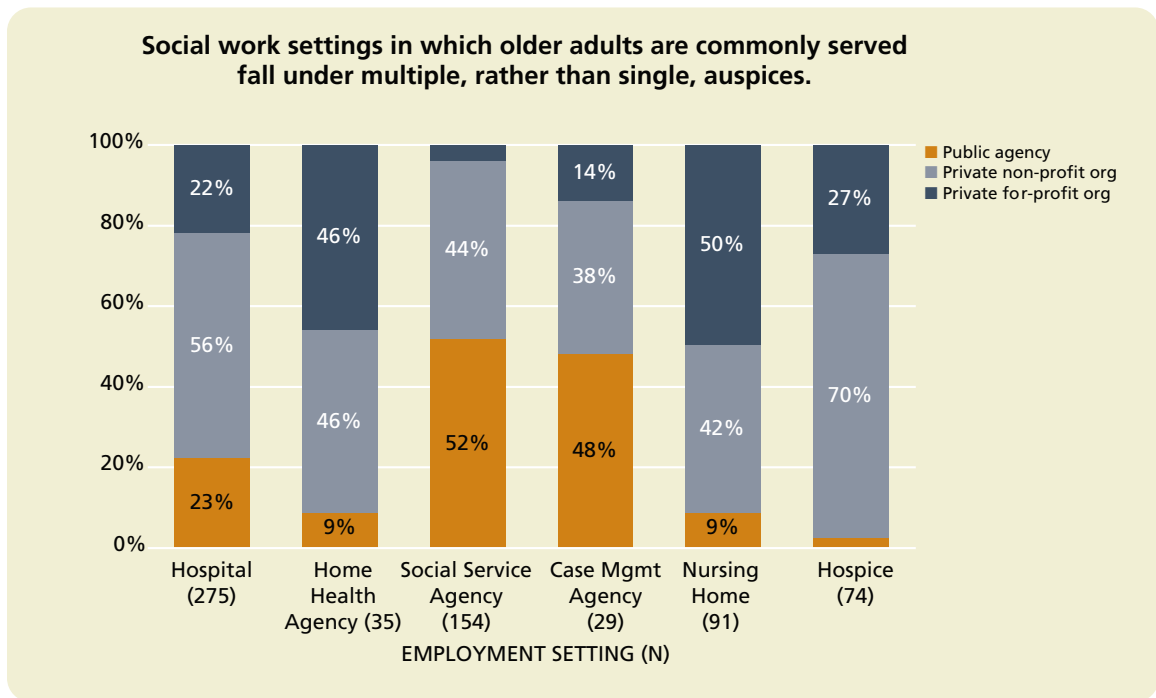
Providing direct services to clients is the most common role performed by licensed social workers serving older adults (95%), with the most common tasks reported as screening/assessment, information/referral, individual counseling, treatment planning, and crisis intervention. Although they are primarily involved in providing direct client services, social workers reported that they spend some time in other roles such as administration and management (51%), consultation (48%), planning (38%), supervision (35%), training and education (35%), teaching (22%), community organizing (18%), policy development (15%), and research (9%). Practice roles for MSWs and BSWs are similar, although BSWs who serve older adults spend less time providing direct services than MSWs, and slightly more time performing

administrative/management tasks. Social workers reported frequently including the following activities as part of their services to older adults:

- Communicating with families;
- Accessing community resources;
- Leveraging agency resources;
- Acting as advocates; and
- Participating in interdisciplinary activities.

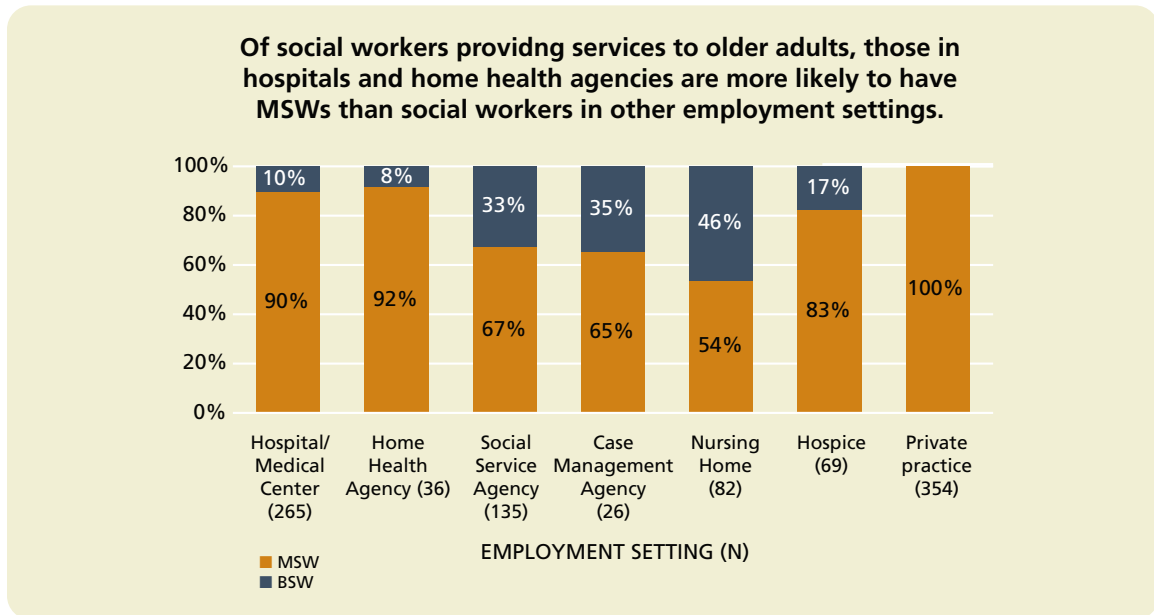
Services for older adults are most likely provided in the nonprofit sector (37%), followed by the public sector (24%),<sup>3</sup> private practice (22%),<sup>4</sup> and private for-profit sector (17%). Agency settings that employ social workers fall into multiple sectors and illustrate the broad range of systems of care for older adults as seen in Figure 1.

FIGURE 1. AGENCY SETTINGS SERVING OLDER ADULTS



Employment settings vary in the proportion of BSW and MSW staff, with a higher proportion of BSWs in nursing homes, case management agencies, and social service agencies. All of the services provided in private practice are provided by MSWs (Figure 2).

FIGURE 2. SOCIAL WORK DEGREES BY AGENCY SETTING



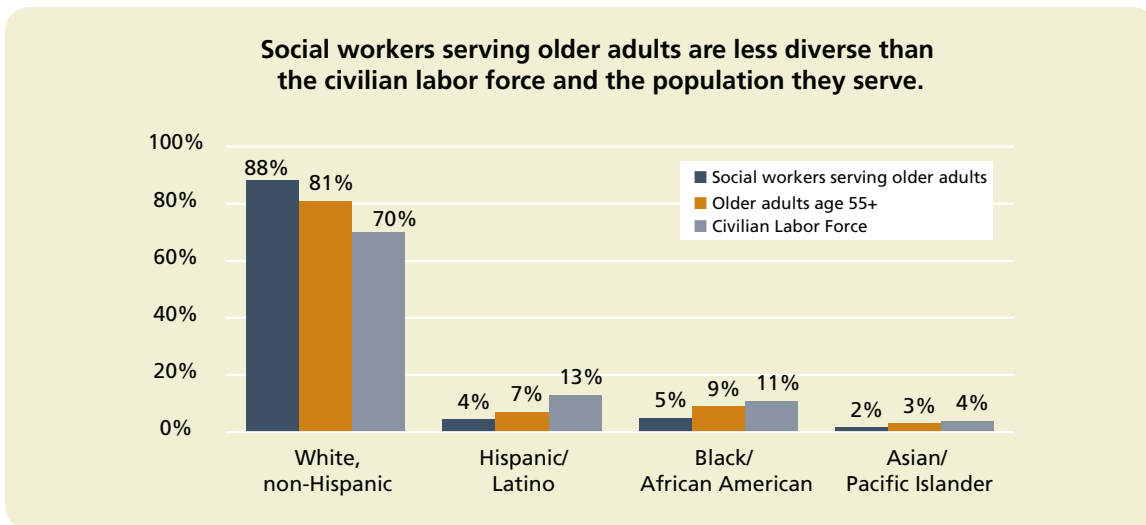
- ② The profession is facing significant obstacles in terms of recruiting “the next generation” to provide services to older adults.

Over the next decade, it will be imperative that the social work profession recruit new professionals to provide services to older adults. However, the profession is currently also facing challenges in recruiting these new professionals. Overall, the profession has not kept pace with population trends in terms of its ability to attract social workers of color. As a result of this deficit,

**The elderly in America will be more diverse in the future than they are today. The population of aging Hispanics, African Americans, and Asian Americans is projected to grow faster than that of older whites. This suggests the services will need to reflect the diversity of those served, and that professionals will need training to respond to the cultural background of future clients.**

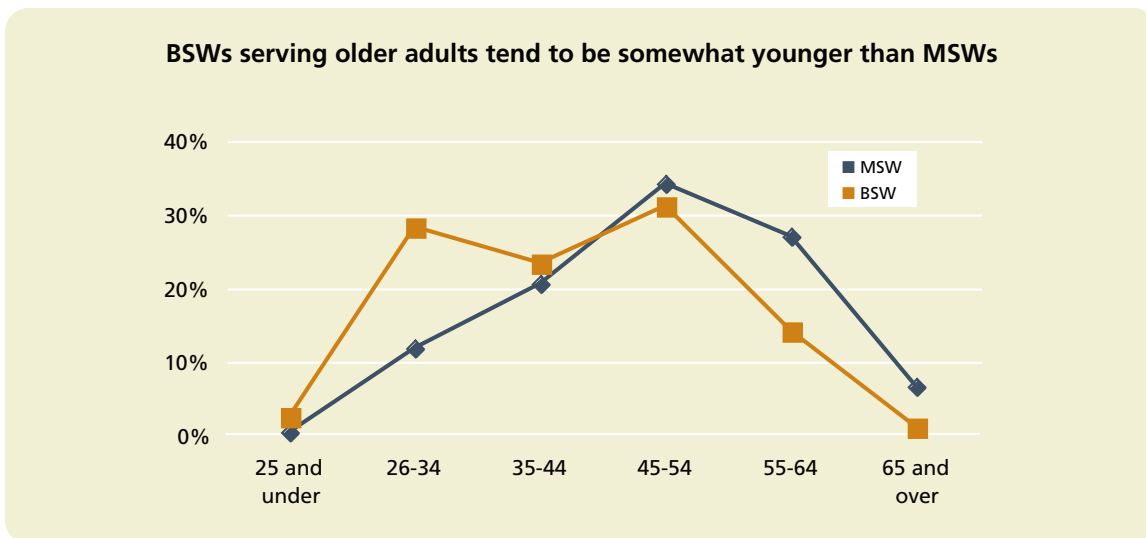
social workers serving older adults are currently less diverse in racial and ethnic backgrounds than both the current client population they serve and the increasingly diverse communities of the future (Figure 3). As a frontline provider of services, it is essential for the social work profession to expand the racial and ethnic diversity within its ranks. Data show improvement in the number of students of color recruited into social work education programs, and this trend needs to be accelerated and strategies need to be developed to retain social workers of color who are currently in practice (Lennon, 2004).

FIGURE 3. RACE/ETHNICITY OF SOCIAL WORKERS COMPARED WITH SERVICE POPULATIONS



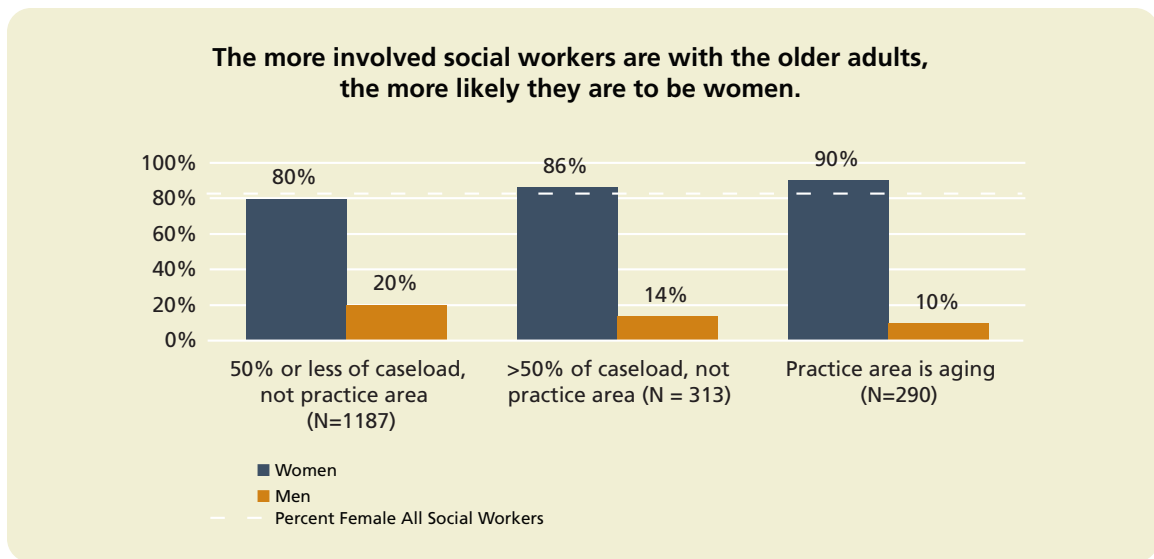
In addition, the profession is currently “older” than the civilian labor force, with an average age of 49. Social workers providing services to older adults are slightly older, with a median age of 50 years. BSWs have a younger median age (43 years) than MSWs (50 years) and a slightly younger age distribution as well, as seen in Figure 4.

FIGURE 4. MEDIAN AGE OF BSWs AND MSWs SERVING OLDER ADULTS



Another demographic challenge facing the profession is the recruitment of more male social workers to work with older adults and their families. The study results show that social workers who provide services to older adults are more likely to be women than men (82%, compared with 18%) and that, as involvement with older adults increases, so does the likelihood that the social workers are female. Women are even more overrepresented in the specialty practice of aging compared with other practice areas (90% versus 81%). Eighty-nine percent of MSWs in aging are women as compared with 81 percent in the other practice areas, and 99 percent of BSWs in aging are female, compared with 91 percent in other practice areas (Figure 5).

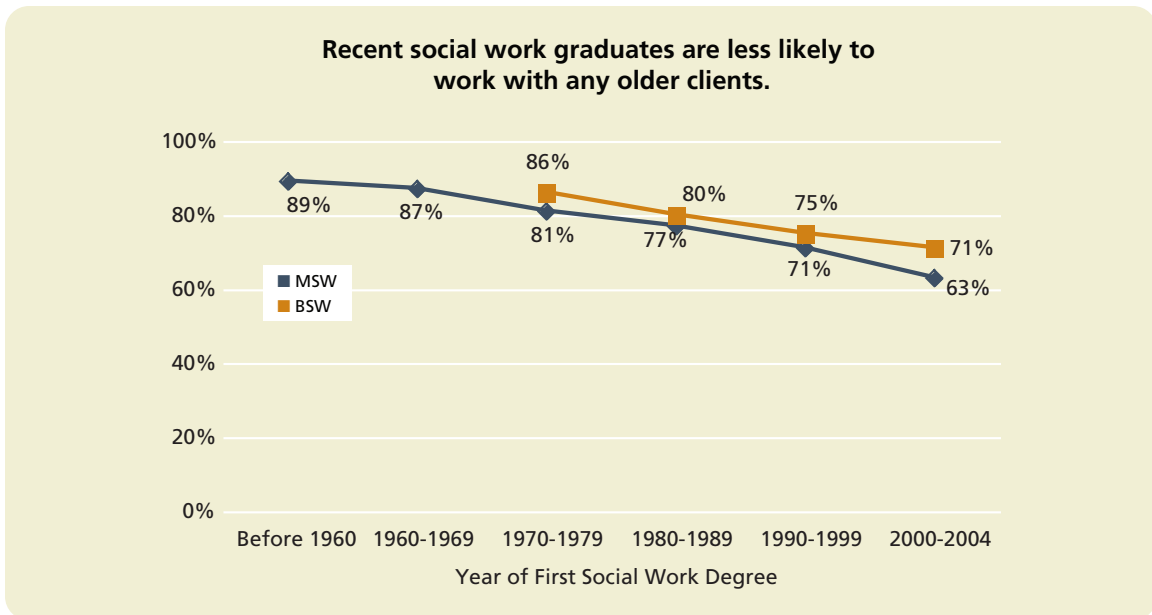
FIGURE 5. GENDER DISTRIBUTION OF SOCIAL WORKERS SERVING OLDER ADULTS



The profession must also engage its new graduates in working with older clients. Currently, recent graduates are less likely to work with older adults. More than one-quarter of BSWs and one-third of MSWs who received their first social work degree between 2000 and 2004 do not see *any* older adult clients, whereas only one-fifth of social workers who entered the field in the 1970s and about one-tenth of MSWs who entered prior to 1960 do not see older adults (Figure 6). Approximately half of the social workers that see older adults graduated in the past 15 years since 1990. (51%).

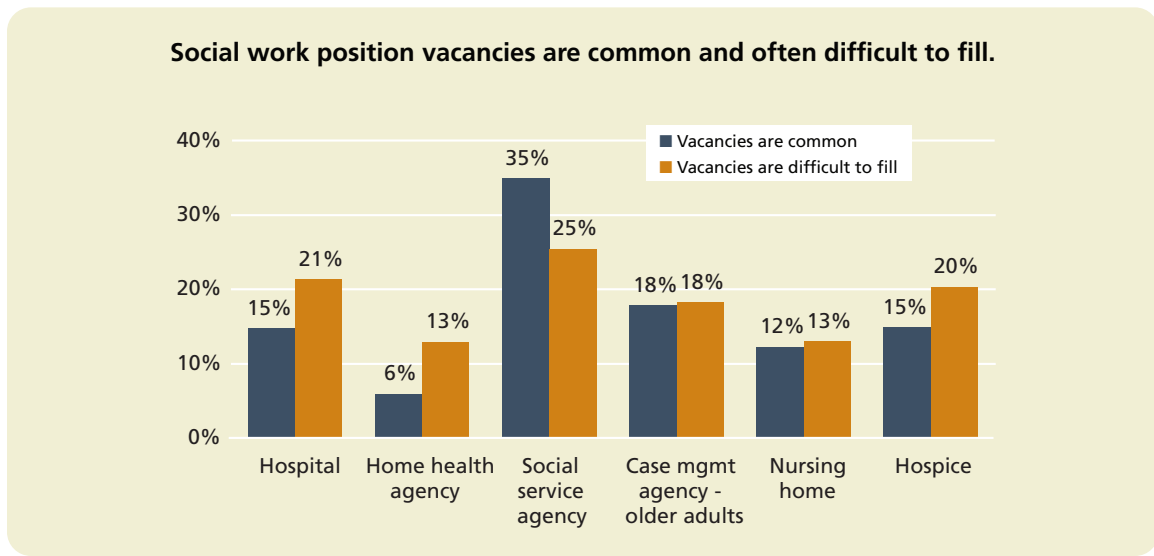


FIGURE 6. GRADUATION DATE AND ANY OLDER ADULTS ON CASELOAD



A fourth indication of a need to recruit more social workers to work with older adults is the reported rate of social work position vacancies in the agencies in which social workers are employed as seen in Figure 7. Among licensed social workers who work with older adults, 17 percent reported that vacancies in their agencies are common and 21 percent reported that vacancies are difficult to fill. Social workers in small towns and rural areas were most likely to report difficulty in filling vacancies, outsourcing of social work functions, and hiring non-social workers to fill social worker roles. Vacancies are more commonly reported in the public sector and in social service agency settings. In addition, outsourcing and hiring non-professional social workers to fill social work jobs was an issue, with 26 percent of BSWs and 21 percent of MSWs reporting that they work in settings that hire workers who lack professional social work training to fill social work roles.

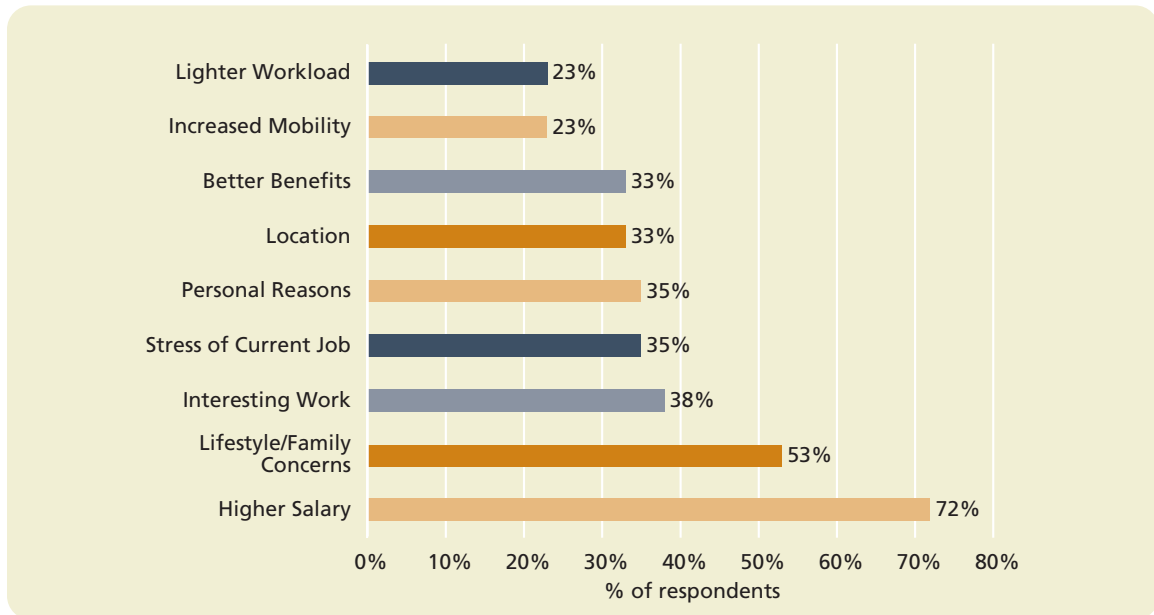
FIGURE 7. SOCIAL WORK POSITION VACANCIES BY AGENCY SETTING



**3 The retention of the current workforce providing services to older adults is impeded by several factors.**

Understanding the context of social work practice is an important aspect of this study. The study revealed information about the current work environments of social workers who serve older adults and a corresponding need to correct current disparities in practice, as well as to provide positive incentives to retain the current workforce. The majority of respondents (70%) indicated that they plan to stay in their current position for the next two years. When asked about the most important factors that would influence a decision to change their current position, they identified higher salary, lifestyle/family concerns, more interesting work, and job stress, as noted in Figure 8.

FIGURE 8. COMMON FACTORS IN CONSIDERING A JOB CHANGE



There was evidence of “churn” in terms of employment settings, with almost half of licensed social workers serving older adults being employed with their current employer less than five years.

Although only 23 percent identified a lighter workload as a reason to change jobs, social workers who see any older adult clients have significantly larger caseloads in their primary job than social workers who do not work with older adults.<sup>5</sup> Average caseload size increases as the extent of involvement with older adults increases. Caseloads of 50 clients or more are most common in nursing homes (76%), case management agencies for older adults (54%), and hospitals (31%). In addition, BSWs are more likely than MSWs to see older adults ages 85 and older (76% versus 55%) and more likely to carry caseloads that consist of more than 75 percent of clients ages 85 and older (9%, compared with 3%).

Salaries for social workers are usually considered lower than those for comparably educated professions (Barth, 2003). Median salaries for full-time social workers were \$33,429 for the BSW level and \$46,744 for the MSW level. MSWs serving older clients earn the highest wages in private practice and hospitals, and the lowest wages in nursing homes. BSWs earn the highest wages in hospitals, nursing homes, and hospices and the lowest in home health agencies. To compound this issue, median salaries varied dramatically by gender, with male MSWs earning a median salary of \$55,606, compared with \$48,412 for women.

Social workers were asked about connections to social workers and other professionals in the survey to better understand their practice experience. Respondents who provide services to older adults work in organizations with fewer other social workers on staff than those who do not serve older adults. Average reported support and guidance from a supervisor was significantly and positively correlated with the number of other social workers on staff.<sup>6</sup>

#### ④ Older adults in rural areas have significant service needs yet they have limited access to professional frontline social work services.

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Over 80 percent of licensed social workers practice in metropolitan areas whereas only 3 percent practice in rural areas. In addition, social workers in small towns and rural areas were more likely than those in cities to have caseloads with high percentages of adults over the age of 75. Although there is little variation in access to agency services by demographic area of practice, social workers in rural areas were less satisfied on average than others with their access to community resources, available medications, and appropriate mental health care. They were more satisfied, however, with their access to

**Nearly one in four of all elderly people live in non-metropolitan areas with the number in rural areas increasing. In general, the more rural an area is, the greater its proportion of the elderly. Despite their growing numbers, older rural people are poorer and less healthy than their non-rural counterparts by almost all economic, health, and social indicators (National Resource for Rural Elderly, 2006).**

appropriate medical care. This may be in part a function of settings in which social workers are employed. Those serving older adults in rural areas are more likely than other social workers to be in health care settings such as hospitals or nursing homes.

Salaries of MSWs varied substantially by rural/urban location, with salaries higher in metropolitan areas and lower in rural areas. Agencies in rural areas are much more likely to outsource social work functions (29%), compared with those in small towns (11%), micropolitan areas (18%), or metropolitan areas (16%). Social workers practicing in rural and small towns are more likely to report the hiring of non-social workers (33% and 29%, respectively) than those in micropolitan and metropolitan areas (21% and 23%, respectively).

5 Social work caseloads depict an increasingly complex mix of needs of older adults.

**Eighty percent of people over age 65 use at least one prescription and/or over-the-counter drug. Twenty-five percent of the older adult population uses four or more prescriptions daily. Forty to 55 percent of older adults fail to adhere to medication regimens (National Institute on Aging, 2000).**

Older adult clients are more likely to be female and non-Hispanic White, with 56 percent of social workers reporting caseloads of more than 50 percent

female, a rate which is significantly greater than social workers who do not serve older adults (38%). Social workers with any older adults as clients have caseloads predominantly non-Hispanic White (64%), which is a similar racial/ethnic profile to those who serve no older clients (62%). How much these gender and racial/ethnic client differences result from access issues versus differential morbidity and mortality rates is an important issue and merits further exploration.

Social workers serving older adults are more likely to see the young-old (age 55-74) than clients 85 years of age or older (97% vs. 59%). Twenty-six percent reported that they see no clients between the ages of 75 and 84, and 41 percent see no

clients older than 85 years of age. BSWs are more likely than MSWs to see older adults ages 85 and older (75% versus 55%).

Age ranges of clients also vary depending on the service setting, with most older old clients (85+ years) receiving services in a nursing home (73%) or from a home health agency (38%) (Table 1).

TABLE 1. CASELOADS WITH MORE THAN 25% OLDER ADULTS BY AGE CATEGORY AND SERVICE SETTINGS

Caseload Is More Than 25% Older Adults	Home		Case Mgmt Agency-Older Adults	Nursing	
	Hospital	Health		Home	Hospice
Ages 55–64	28%	24%	6%	7%	27%
Ages 65–74	36%	57%	21%	34%	54%
Ages 75–84	34%	69%	24%	75%	66%
Ages 85+	18%	38%	13%	73%	27%

Older adults receiving services from social workers are most likely to have health coverage through Medicaid (30%), private insurance (28%), and Medicare (26%). It is important to note that more than half of social workers say that most of their clients receive health coverage through publicly funded programs. As a result, the services of social workers assisting this population

**Late-life depression affects six million Americans, most of them women, but only 10 percent of these persons ever get treated. Depressive symptoms occur in approximately 15 percent of community residents over 65 years of age and rates of depression in nursing homes are up to 25 percent in some areas. Older adults are considered the group most at risk for suicide (National Mental Health Association, 2004).**

may be vulnerable to changes in government policies and are varied based on state practices related to the elderly and socio-economically disadvantaged groups.

The most common presenting problems reported for older adult clients are psychosocial issues (98%), mental illness (96%), chronic disease (95%), physical disability (95%), and grief/bereavement issues (95%).

Presenting problems vary depending on the age of the client. For example, clients over age 75 are more likely to have chronic disease, physical disability, grief/bereavement issues, acute disease, dementia issues, and end-of-life/palliative care issues, whereas younger clients, age 55 to 64, are more likely to have mental illness, socioeconomic disadvantage, substance use disorders, and developmental disabilities. Client presenting problems also vary by service setting, as seen in Table 2 below.

TABLE 2. MOST FREQUENT PRESENTING PROBLEMS BY SERVICE SETTING

Service Setting	Most Frequent Problems
Hospital	Chronic disease
	Acute disease
	Physical disability
Social Service Agency	Financial issues
	Physical disability
	Psychosocial issues
Nursing Home	Chronic disease
	Physical disability
	Dementia
Hospice	End-of-life/palliative care
	Grief/bereavement issues
	Caregiver issues
Home Health Agency	Physical disability
	Chronic disease
	Caregiver issues
Case Management Agency	Chronic disease
	Physical disability
	Socioeconomic disadvantage

**Substance abuse, particularly of alcohol and prescription drugs, is one of the fastest growing health problems among adults age 60 and older in this country (Blow, 2000).**

Social workers were asked about the prevalence of three levels of problem severity within their caseload—mild, moderate, and severe. Twelve percent reported that more than half of their older adult caseload had mild problems, 36 percent reported that more than half of their caseload had moderate problems, and 28 percent reported that more than half of their older adult caseload had severe problems.

The prevalence of moderate and severe problems in the caseload was positively correlated with involvement with older adults. The prevalence of mild problems peaked among social workers who have caseloads consisting of 26 to 50 percent older adults, and then began to decline.

Almost all social workers who work with older adults (99%) report that at least some of their clients have multiple problems. Seventy-seven percent report that their older adult clients “always” or “almost always” present with multiple problems. The prevalence of multiple problems among the older adult caseload is positively correlated with involvement with older adults. Ninety-three percent of social workers with a practice area in aging report that their clients “always” or “almost always” present with multiple problems, compared with 88 percent of those with predominantly older adult caseloads, and 72 percent of those with fewer than half of clients who are older adults. Setting and degree do not seem to be associated with multiple problems among social workers working with older adults.

## 6 Social workers face increased barriers in providing services to older adults.

Respondents reported changes in their workplace in the past two years that have resulted in increased demands but fewer supports in providing services to clients. More than three-fifths of these social workers reported increases in paperwork, caseload size, severity of client problems, and waiting lists for services. Half reported that eligibility requirements for clients increased while services available for reimbursement decreased.

In addition, half of social workers who work with older adults report facing personal safety issues in their primary employment, although 70 percent of those who report such issues say that their employers adequately address these issues. The prevalence of job safety issues varies by setting. Social workers in hospice and home health programs are most likely to report that there are safety issues involved in their job (60% and 57%, respectively) and that these issues are

adequately addressed (88% and 85%, respectively). Social workers in nursing homes are least likely to report such issues (26%). Those in social service agencies are least likely to report that safety issues are adequately addressed (45%).

The very core of social work jobs is to assist individuals and families with problems that affect clients' lives. It is notable that social workers serving older adults reported feeling effective in helping clients improve their quality of life, address a range of problems, and resolve crisis situations. However, the high percentage of social workers reporting changes in practice, service delivery systems, and/or work settings further complicates their ability to assist clients. Addressing issues related to agency environment should therefore be a matter of great concern to those seeking to assure the availability of quality services for growing numbers of older adults.

### 7 The social work profession needs to recruit and train more gerontological social workers.

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With the anticipated expansion in the demand for services from an aging population, social work is challenged with developing strategies that will support and develop the existing frontline specialists in aging and recruit more practitioners to this specialty at the same time. This segment of the study population has distinguishing characteristics that are helpful in understanding their role in current service delivery systems as well as insights into obstacles that need to be addressed if we are to strengthen and extend this specialty area to better serve the growing population of older adults.

Although a majority (73%) of licensed social workers provide services to older adults, only 12 percent identify their practice specialty as "aging." These gerontological social workers are even more likely to be female (90% versus 81%), and non-Hispanic White (89% versus 86%) than social workers overall.

In terms of education, gerontological social workers are much less likely to be MSWs than social workers overall (64% versus 80%), and more likely to be BSWs (22% versus 11%). They were also the group most dissatisfied with their formal degree preparation (14%). Gerontological social workers are most frequently employed in a nursing home (29%), social service agency (12%), hospital/medical center (12%), case management agency (9%), or home health agency (8%). Perhaps, most significantly, gerontological social workers were the most likely to report plans to retire within the next two years, including 10 percent of MSWs and 8 percent of BSWs.



8 Gerontological social workers bring increased knowledge, experience, and sense of efficacy to their work with older adults.

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Data from this study point to several opportunities to build upon current strengths among gerontological social workers. The current cadre is well educated with substantial practice experience. They actively participate in continuing education and express a keen interest in more training in geriatrics. Findings also indicate that gerontological social workers may serve as advocates for their clients more frequently than those in other practice areas—a very important role since many older adults do not have family or support networks available to assist them with navigating the complex systems of care. Gerontological social workers are more experienced than social workers overall, at both degree levels (MSW: 16 versus 10 years, BSW: 14 years versus 9 years). Continuing education in the subject areas of geriatrics and/or long-term care is extensively utilized with 99 percent reporting participation in training courses or workshops. Gerontological social workers were less likely to report that tasks were above their skill levels (27%) and more likely to report tasks below their skill level (19%).

9 Gerontological social workers provide an important safety net of services to the most vulnerable older adults.

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**Older adults are subject to economic disparity, with 19 percent of older adults living in poverty or near poverty. Older adult minorities are disproportionately affected by poverty, with 54 percent of black women who live alone falling below the official poverty index (Stafford & Krell, 1997).**

Gerontological social workers are an important resource in rural areas where there may not be as many service options. The primary practice setting for these social workers is slightly more likely to be in a rural area than for social workers overall (5% versus 2%). Gerontological social workers are likely to have caseloads with the highest percentages of older adults, ages 75–84, and over 85 years. In fact, the percent of gerontological social workers serving more than 25 percent of a caseload ages 85 and older increases as the area becomes more rural. Health insurance coverage for clients seen by gerontological social workers is much more likely to be from public programs, with 57 percent covered by Medicare, and 36 percent covered by Medicaid. Presenting problems of clients served by gerontological social workers are more most likely to be those involving health issues, with the most common being chronic disease, physical disability, or acute disease. Ninety-three percent of gerontological social workers report that their clients always or almost always present with multiple problems.

⑩ Gerontological specialists face greater challenges than other social workers providing services to older adults, hindering their satisfaction and retention in the field.

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Action to improve the practice environments of gerontological social workers is vital to the recruitment and retention of these qualified professionals. Among the issues raised by this study are improving salaries, assuring that assigned tasks fit the skill level of the social worker, improving peer networks, and rebalancing the increased demands for services with the agency supports to deliver those services. For example, 46 percent of gerontological social workers have caseloads of 50 or more clients. These high caseloads are most common in nursing homes (76%), case management agencies (54%), and hospitals (31%).

In terms of compensation, the study found that median salaries for gerontological social workers are slightly less than median salaries for all social workers, with MSWs earning \$46,894 (versus \$49,500) and BSWs earning \$33,593 (versus \$34,597).

Gerontological social workers were more likely to be the only social worker on their jobs, with 26 percent reporting that they are the only social worker employed in their agency. Licensed gerontological social workers work with the fewest other social workers on average, whereas those who have 50 percent or fewer older adults in their caseloads work in settings with the most other social workers. The number of other social workers identified in the workplace differs little between MSWs and BSWs.

Among gerontological social workers, higher salary, lifestyle/family concerns, and stress of the current job were the primary reasons given for considering a job change. Gerontological social workers were slightly more likely than any other practice area to list ethical challenges as a factor in influencing a decision to change jobs.

# Conclusion

The 2004 study of licensed social workers serving older adults was designed to help illuminate the current number, qualifications, roles, and tasks of social workers in providing frontline services to a vulnerable population. In order to plan and improve care to a rapidly expanding segment of older Americans, the social work profession is now better equipped to develop action strategies based on data from the active workforce.

The most compelling finding of the study is the “aging-out” of the frontline social worker providing direct services to clients in a wide range of community agencies. Social work will experience a *double squeeze* as a result of the Baby Boomer phenomenon: there will be an explosion in demand for health and social services provided by social workers as an estimated 70 million people will be over age 65 by 2030. At the same time, a substantial cohort of frontline social workers will be leaving the workforce. According to data and projections of the Bureau of Labor Statistics, social work is one of the occupations most affected by Baby Boomer retirements, with the retirement replacement needs reaching 95,000 in the 2003–2008 timeframe (Dohm, 2000). Occupations dominated by women, like social work, are especially vulnerable with an aging workforce because women’s level of workforce participation is lower than men’s as they approach retirement age (Toossi, 2005). Clearly, the profession needs to focus on both recruitment and retention strategies to address this problem.

Multiple initiatives are underway within social work education to expand the teaching, research, and practicum capabilities in the field of aging which will increase the number of aging specialists and the level of competency in serving older adults among generalist social work practitioners (Boston University Institute for Geriatric Social Work, 2006; CSWE, 2006b; Gerontological Society of America, 2006; New York Academy of Medicine, 2006).

In addition to initiatives within research, education, and practice, this study points to the need to address emerging issues within the policy arena that shape the design and financing of systems of care for older adults. Health care and its associated costs and issues of uneven access form a critical core of policy questions that must be addressed if we are to adequately serve older adults in the next decade.

# References

Barth, M. (2003). Social work labor market: A first look. *Social Work, 48*, 9-19.

Blow, F. (Ed., Consensus Panel Chair), (2000). Substance abuse among older adults: An invisible epidemic. *Substance abuse among older adults* (DHHS Publication No. SMA 98-3179, Treatment Improvement Protocol (TIP) Series 26, Chap. 1). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Available at <http://www.health.org/govpubs/BKD250/>

Boston University Institute of Geriatric Social Work. (2006). [Online]. Retrieved from <http://www.bu.edu/igsw/index.html>

Council on Social Work Education. (2001). *A blueprint for the new millennium* [Online]. Retrieved from [http://depts.washington.edu/geroctr/Resources4/sub4\\_2\\_1RandR.html](http://depts.washington.edu/geroctr/Resources4/sub4_2_1RandR.html)

Council on Social Work Education. (2006a) *Educational policy and accreditation standards*. [Online]. Retrieved from <http://www.cswe.org/>

Council on Social Work Education. (2006b). *National Center for Gerontological Education in Social Work* [Online]. Retrieved from <http://depts.washington.edu/geroctr/>

Dohm, A. (2000, July). Gauging the labor force effects of retiring baby-boomers. *Monthly Labor Review, 2000*.

Federal Interagency Forum on Aging-Related Statistics. (2004) *Older Americans 2004: Key indicators of well-being* [Online]. Retrieved from <http://www.agingstats.gov/chartbook2004/population.html>

Gerontological Society of America. (2006). *Geriatric social work initiative* [Online]. Retrieved from <http://www.geron.org/Hartford/socialwork.htm>

Lennon, T. (2004). *Statistics on social work education in the United States: 2002*. Alexandria, VA: Council on Social Work Education.

## References continued

- National Association of HIV Over Fifty. (2003). *Educational tip sheet HIV/AIDS and older adults* [Online]. Retrieved from <http://www.hivoverfifty.org/tip.html>
- National Center for Education Statistics. (2000). *Integrated Postsecondary Education System (IPEDS)*. Washington, DC: U.S. Department of Education.
- National Institute on Aging. (1987). *Personnel for health needs of the elderly through the year 2020*. Bethesda, MD: Department of Health and Human Services, Public Health Service.
- National Institute on Aging. (2000, August). *Age page: Medicines: Use them safely*. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health.
- National Mental Health Association. (2004). *Fact sheet: Depression and older Americans* [Online]. Retrieved from <http://www.nmha.org/infoctr/factsheets/22.cfm>
- National Resource Center for Rural Elderly. (2006). *Fact sheet: Rural elderly* [Online]. Retrieved from <http://cas.umkc.edu/casww/rurlders.htm>
- New York Academy of Medicine. (2005). *Academy initiatives: Social Work Leadership Institute* [Online]. Retrieved from <http://www.nyam.org/initiatives/gswppp.shtml>
- Stafford, F. & Krell, G. (1997). *Gerontology for health professionals: A practice guide* (2nd ed.). Washington, DC: NASW Press.
- Toossi, M. (2005, November). Labor force projections to 2014: Retiring boomers. *Monthly Labor Review*.
- U.S. Census. (2000). *Grandparent caregivers in the United States, the 50 states, and the District of Columbia (DP-2)*. Washington, DC: Author.

# Footnotes

- 1 Eight percent of the respondents to the 2004 survey did not have degrees in social work. These individuals are older practitioners who have been permitted to retain licenses earned earlier in their careers even though the formal requirements have since become more stringent. Data related to these practitioners are not reported in tables or charts, but may be referenced in text.
- 2 Estimates of the number of social workers in the United States range from 840,000 self-reported social workers in the 2000 Current Population Survey (only 600,000 of whom have at least a bachelor's degree), to 450,000 employer-classified social work jobs reported to the U.S. Bureau of Labor Statistics, to the 300,000 social workers licensed by the 50 states and the District of Columbia, to the estimated 190,000 clinical social workers described by West et al. in *Mental Health, United States, 2000*.
- 3 Public sector includes agencies in the federal, state, and local government and the military.
- 4 In the 2004 licensed social worker study, private practice is in a separate category from the for-profit sector. This permits distinguishing experience and trends of those who are self-employed from those who are employees of for-profit organizations.
- 5  $p < 0.0005$
- 6  $p = 0.002$




## A SOCIAL WORKER FOUND THE RIGHT WORDS TO END HER SILENCE.

He reached out to her by speaking Korean. He is Byung Tae Choi, MSW, a bilingual social worker with St. Barnabas Senior Services in Los Angeles. And his help transforms the lives of people like Eun Joo Choi, a recent arrival in America. After an accident left her isolated and deeply depressed, Byung brought a world of resources to Mrs. Choi, from counseling and translation services, to social events like



Korean-American feasts and even group dances. Breaking down the barriers has given Mrs. Choi a new purpose, and something more. Friends. For seniors, for people of all ages, help starts with a social worker. Tell us your story, or find a social worker, at [www.HelpStartsHere.org](http://www.HelpStartsHere.org).

 **Social Workers**  
Help starts here.